



FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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1 File Number U - <u>10884</u>	2 Fiscal Year Covered From <u>1 / 1 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>Brian</u> <u>Rainville</u> P O Box, Bldg, Room No, if any Street <u>208 West Saint Paul</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60614</u>	4 Name, file number, and address of labor organization Name <u>Teamsters Joint Council 25</u> Labor Organization File Number <u>023301</u> P O Box, Building and Room Number, if any <u>600</u> Street <u>1645 West Jackson</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60612</u>
5 Position in labor organization <u>Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true correct and complete (See the section on penalties in the instructions)

Signed

Brian Rainville

On

8.9.05

Date

312-421-2600

Telephone Number

Name of Person Filing Brian Rainville	File Number U-
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Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name BlueCross BlueShield Trade Name, if any P O Box, Bldg , Room No , if any Street 300 E Randolph Street City Chicago State Illinois ZIP Code + 4 60601	14 a Nature of payment Dinner
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment \$133

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August 9, 2005

Brian Rainville
208 West Saint Paul
Chicago, IL 60614

To Whom It May Concern:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted.

Sincerely,

A handwritten signature in black ink that reads "Brian Rainville". The signature is written in a cursive style with a large, prominent 'B' and 'R'.

Brian Rainville